

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | 1/2 | 6- | 2/15 |
| FORMALITY REVIEW | H-T | 11 | 3/15/01 |
| RESPONSE FORMALITY REVIEW | m | 0,05 | 6/18/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|-------|----------|
| Final | Original |
| 1 | 3/15/01 |
| 2 | ✓ |
| 3 | ✓ |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy

10/4/01